



CRITICAL CARE INTERFACILITY TRANSPORT

I. PURPOSE

To establish criteria for the approval of Critical Care Transport (CCT) providers including nurse staffed Advanced Life Support (ALS) Interfacility Transport units operating within San Bernardino, Inyo or Mono Counties.

II. PROGRAM APPROVAL

1. Requests for approval must be made in writing sixty (60) days prior to the anticipated starting date of service. The request must include:
 - a. Proposed identification and location of the nurse staffed unit.
 - b. All procedures and protocols.
 - c. Documentation of qualifications for the Medical Director.
 - d. Documentation of qualifications for the Nurse Coordinator.
 - e. Continuous Quality Improvement Plan.
 - f. Agreement to comply with all ICEMA policies and procedures for transport of critical patients.
2. ICEMA will notify the applicant in a timely manner, if any further documentation is needed.
3. The applicant shall be notified in writing of approval or denial of the program.

III. EQUIPMENT

The EMS provider shall provide, at a minimum, the following equipment:

1. ALS equipment per ICEMA Reference #7010 - BLS/LALS/ALS Standard Drug & Equipment List.
2. Back-up power source.

IV. MEDICAL DIRECTOR

1. Medical Director: A full or part-time physician licensed in the State of California and qualified by training and experience with practice, within the last five (5) years, in emergency or acute critical care medicine. The ICEMA Medical Director must approve the candidate for medical director. The duties of the medical director shall include but not be limited to:
 - a. Sign and approve, in advance, all medical protocols to be followed by the registered nurses (RN) at the ALS level.
 - b. Ensure the ongoing training of all nurse staff involved.
 - c. Ensure the quality of patient transfers being conducted by the provider, including familiarity with SB612 and COBRA laws.
 - d. Ensure that continuous quality improvement/assurance outcome audits are conducted.

V. NURSE COORDINATOR

1. Nurse Coordinator: A full or part-time RN employed as a Nurse Coordinator qualified by training and/or experience in emergency or acute critical care medicine, within the last five (5) years, in emergency or acute critical care nursing. The duties of the Nurse Coordinator shall include but not be limited to:
 - a. Sign and approve, in advance, all nursing procedures to be followed by the RN at the ALS level.
 - b. Provide ongoing training to all CCT personnel
 - c. Ensure quality of patient transfers through **continuous quality improvement/assurance outcome audits**.

VI. PROCEDURES/PROTOCOLS

1. Each CCT provider utilizing nurse staffed ALS units shall develop and maintain procedures for the hiring and training of nursing personnel.
2. Each provider must develop a manual to include the following:
 - a. Malpractice insurance coverage.
 - b. Identity and accessibility of the Medical Director and Nurse Coordinator.

- c. Vehicle inventory lists.
 - d. Copies of all related interfacility transfer paperwork.
 - e. Statement of responsibility of the sending physician for the patient during transfer and in accordance with COBRA and SB612 laws.
 - f. Guidelines for change in patient destination due to patient condition.
 - g. Protocols (Standing Orders) based on ACLS, PALS and/or NALS guidelines.
3. Procedures and protocols shall be subject to review by ICEMA.

VII. CONTINUOUS QUALITY IMPROVEMENT

- 1. Submit to ICEMA a continuous quality improvement (CQI) plan, quarterly and annual reports to ICEMA.
- 2. All transports resulting in poor patient outcome shall be reviewed in a timely manner following the occurrence.
- 3. Periodic staff conferences on audits and outcomes are required in order to improve or revise protocols.
- 4. Records of all these activities shall be kept by the provider and be made available for inspection and audit by ICEMA.
- 5. ICEMA shall perform periodic on-site audits of records to ensure compliance with this policy.
- 6. Non-compliance with ICEMA policies and/or protocols may lead to suspension or revocation of ICEMA approval of the EMS provider's CCT program.